

Office of Administration
Commissioner's Office
 Contract Period July 1, 2016 – June 30, 2017
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Alternatives Clinic Harrisonville, Mo

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 08-18-2016

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3/29/17	Install: Break Pads, Rotor, Brake Caliper, Brake Hose 2000 Saturn SL2 Mileage: 191,615	\$314.71	There are no other sources of funding available in the area for car repair. [REDACTED] needs a vehicle to get back and forth to work.
Amt to be reimbursed		\$314.71	

Authorized person requesting purchase: Linda Freeland Date: 3/23/17

Alliance for Life Program Manager: Carrie Hoelscher

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____